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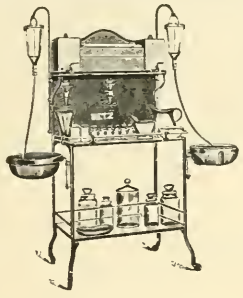

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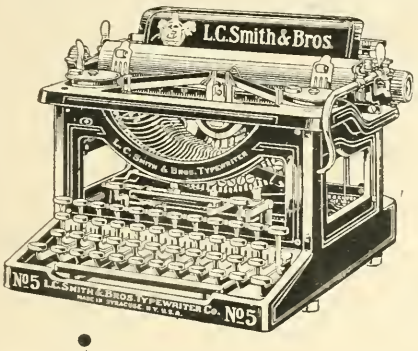

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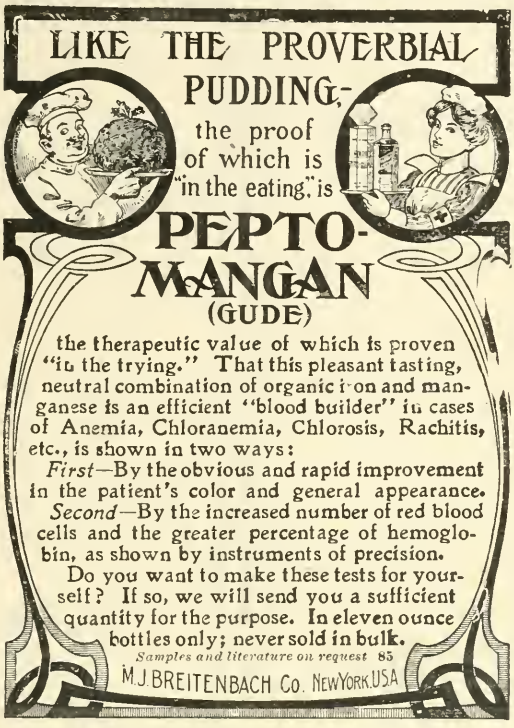
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Vol. LV, No. 12 BALTIMORE, DECEMBER, 1912 Whole No. 1135

EXPERIENCE WITH TONSILLECTOMY*

By F. Hazlehurst, Jr., M.D.

THIS report is based upon two hundred and eighty tonsillectomies performed in the last four years, eighty-eight under local anesthesia, and the balance, one hundred and ninety-two, under ether.

Of the local anesthesia cases all but four were adults. Of these four children, who ranged in age from ten to twelve years, three had a heart lesion, and it did not seem desirable to employ general anesthesia. The fourth child was very robust and seemed well adapted to local anesthesia. All the ether cases were children with one exception, a young man of eighteen years, who preferred general anesthesia. In addition, there were three cases performed in children without any anesthesia. These were among the very first cases and were sufficient to demonstrate that such procedure is equally trying to both the child and operator, and in the writer's opinion unjustifiable.

The operations were done in a variety of conditions, and were done only in the presence of symptoms, local or systemic, which could be attributed to diseased tonsils. Except in acute conditions, such as acute tonsillitis and peritonsillar abscess, I find it extremely difficult to make out whether a tonsil is diseased in the absence of symptoms. We constantly see on routine inspection of the throat, when the main affection is in some other focus, tonsils which are large, reddened, contain crypts, more or less filled with debris, and which give absolutely no symptoms, local or constitutional; on the other hand, associated with an infectious arthritis, there may be a tonsil which is very small, of indifferent color, with no especially large amount of cryptic deposit, and very little history pointing to involvement of the throat, the removal of which causes complete disappearance of the arthritis. Among conditions regarded as sufficient reason for operating may be mentioned frequent sore throat, not of extreme grade, but enough to give the patient a great deal of annoyance, chronic bronchitis as-

*Read at Semi-annual Meeting of the Medical and Chirurgical Faculty of Maryland, November, 1912.

sociated with tonsils giving a great deal of secretion, and with a history of severe sore throat previously, enlarged glands in the neck, repeated quinsies, simple hypertrophy causing obstruction to breathing or swallowing, acute follicular tonsillitis which frequently recurred or had in its train acute rheumatic fever, heart lesion, or chorea, chronic aural discharge, infectious arthritis.

In dispensary practice one sees over and over again the close association of acute tonsillitis, acute rheumatic fever, endocarditis and chorea. I regret not having more complete records of the infectious arthritis cases. Three cases of acute infectious arthritis and four of the more chronic type which I followed showed undoubted benefit from tonsillectomy. It is quite probable that the discharge in many cases of chronic otorrhea comes not from the middle ear cavity, but from the naso-pharynx, a perforation in the ear drum, allowing naso-pharyngeal secretion to be discharged via the Eustachian tube. These cases may be marvelously helped by a thorough removal of adenoids and tonsils, or a focus of nasal suppuration. I had one case, a chronic otorrhea of several years' standing, with distressing odor, which cleared up, as if by magic, on the removal of the tonsils alone. Practically every case in children of tonsillar infection or hypertrophy is associated with enlarged cervical glands, especially beneath the angles of the jaw. Whether removal of the adenoids and tonsils tends to cause the disappearance of the glands, or as some have maintained tends to cause a constant reinfection because the faucial tonsils, which constitute the outer defenses, are gone, and the cervical glands must catch and take care of infection entering by way of the mouth, is a matter for careful statistical study. That repeated peritonsillar abscess can only be definitely controlled by tonsillectomy is illustrated in a patient, male, aged forty-four, who had had quinsy forty-four times in twenty-nine years. There was in this case an abscess cavity about one cm. in diameter on the outer superior wall of the tonsil.

Technic. Before considering the method of operation a word as to the anesthetics used and as to the method of administration. In most of the local anesthesia cases I have used novocain (said to be one-eighth as toxic as cocaine) in ½% solution and adrenalin 1-6000 solution. In only one case have I used cocaine (½%), and that through the mistake of a nurse. About a drachm of this solution is injected into the tonsil, the injection being made above, below and in the middle. The needle is thrust into the tonsil until a feeling of resistance indicates capsule or the wall of the tonsillar fossa. The solution is injected into the tonsil itself rather than into the pillars of the tonsil, as is done by many, in order to avoid possible intoxication either from the novocain or the adrenalin, in view of the theoretical consideration that systemic absorption would be greater if the injection is made where the blood vessels are larger.

The novocain and adrenalin combination seems eminently satisfactory. I have never observed any effects on the patient which

could be unmistakably due to the drugs used. In a number of patients, especially in certain rather nervous women, there has been complaint of violent headache and a feeling of oppression in the cardiac region, usually accompanied by accelerated pulse and some grade of dyspnea. It has always been difficult to decide whether these phenomena were not evidence of shock induced by a rather natural fear and prolonged holding of the breath. The occasion when these symptoms were most prominent was immediately after the first injection before one would think there had been time for any systemic absorption. That headache rather frequently comes from reflex apnea induced by the presence of the tongue depressor or tonsil instruments in the mouth seems quite probable.

In an endeavor to eliminate even the doubtful toxic effect of the novocain, I have employed quinine hydrobromide (1%) and adrenalin 1-7000 in three cases, and antipyrin (2%) and adrenalin 1-7000 in four cases, with excellent anesthetic results. Bearing in mind that normal salt solution injected in large quantity, several drachms to each tonsil, gives excellent results as far as anesthesia is concerned, I have used in seven cases diluted adrenalin solution 1-12000 in similar quantity, with fair anesthetic and good hemastatic results. The hemastatic effect of 1-6000 or 1-7000 adrenalin solution is excellent, and I have seen no case where there was a post-operative bleeding which was masked at the time of operation by its use. It seems to me quite probable that such post-operative hemorrhage might occur were the solution injected into the muscles of the pillars and the superior constrictor muscle in which run blood vessels of larger caliber. A decided advantage of the use of adrenalin in local anesthesia is that with little bleeding the apprehension of the patient is reduced to a minimum, whereas profuse hemorrhage is apt to produce alarm. As a provision for the comfort of the patient a nice sharp needle for use in injection need not be dwelt upon.

General Anesthesia. This I avoid whenever possible. Most of the fatal cases occurring in the performance of tonsillectomy have been general anesthesia cases. The greater danger to life and the post-operative discomfort, together with the possible injurious systemic effects of the drug, make it seem wise to limit its use. There are cases, however, examples of which are the neurotic women of the type mentioned above, to whom the shock of operation under local anesthesia is perhaps worse than the effects of the narcotic drug. Here the operator must exercise his judgment as to the choice of anesthetic. Owing to the elimination of the personality of the patient, the operation under general anesthesia is certainly less trying to the operator. It has seemed to me that the operation is easier to perform with the patient in a sitting position. There seems very little danger of the aspiration of secretions or blood under general anesthesia since the pharyngeal reflexes remain perfect to an extremely deep stage of narcosis. For this reason I felt safe in trying the operation in a sitting position in a

number of cases. Among these there were two who showed evidence of collapse and gave us a healthy scare. As a rule, the children looked more exhausted, though the operation was more quickly performed. Accordingly, I have given up the upright position for general anesthesia and operate with the patient lying flat upon the table with the head tilted to the side.

The great bugaboo in the mind of the physician in removing tonsils has been fear of hemorrhage. The common causes of hemorrhage and those over which the operator has control are cutting muscle—that of the anterior or the posterior pillar of the fauces, the superior constrictor muscle or the base of the tongue—and leaving tags of tonsil tissue. These tags of tissue containing blood vessels, which cannot normally retract because their walls are held apart by the firm tissues through which they pass, are a fruitful source of bleeding. I think every one who removes tonsils has observed that with the tonsil partly removed bleeding may be rather brisk, but with completed enucleation is markedly checked. A safe method of operation should avoid injury to muscular structures, should sever in order to get as little bleeding as possible, only the finest possible branches of the blood vessels supplying the tonsil; that is, the lines of cleavage separating the tonsil from the walls of the tonsillar fossa should be as close to the outside of the capsule of the tonsil as possible, and should obviously be conducted under the direct guidance of the eye—the cutting edge of the instrument employed should always be within view.

A study of various operative methods described in the literature will show that most of these methods, be it with dull or sharp dissection, provide for a separation of the tonsil and pillars by insertion of the cutting edge between the pillars and the tonsil, and hence out of sight. The use of the snare to remove the tonsil after separation from the anterior and the posterior pillars is a somewhat blind procedure. A portion of the superior constrictor muscle may be readily included and nipped off, especially where the tonsil is pulled through the lumen of the snare by forcep.

It is difficult in the present day to present a tonsil operation which differs entirely in methods from numerous others which have been reported. The method employed in the cases which I have operated I regard as a modification of the Ballenger scalpel operation, and greatly increases the safety of the operation. It embodies the two principles of safe operation mentioned above—the cutting edge of a small scalpel, as sharp as possible, being always within sight and the cut being always against the tonsil. The operation may be divided into the following stages:

First: Grasp the tonsil at the exposed inner surface with the forceps, pulling it forward and inward, and thus exposing the attachment of the anterior pillar to the tonsil.

Second: Incise this mucous membrance attachment only to a depth equal to the thickness of the membrane, cutting against the tonsil. The incision begins below, because here the boundary of

the anterior pillar can always be made out where it joins the base of the tongue, and is carried upward parallel to the arch of the anterior pillar to and across the upper pole of the tonsil as far as the posterior pillar. In this incision consists mainly my modification of Ballenger's operation. Ballenger at this point says: "Introduce the blade of the scalpel about one-half inch between the anterior pillar and tonsil at the junction of the pillar and the tonsil;" "sweep the blade upward to the margo supra tonsillaris and thence over the margo supra tonsillaris to the posterior pillar. The knife should be very sharp for this purpose." Obviously the insertion of a sharp scalpel one-half inch out of sight plus a sweep, even in skilled hands, is not the most careful method that might be used.

Third: Change of the grasp of the forcep to the upper pole of the tonsil, which is rotated downward and forward, putting some of the fibrous connections between the tonsil and the walls of the tonsillar fossa on the stretch. These fibrous bands are severed by a cut against the tonsil.

Fourth: Continue the process of rotating the tonsil inward, downward and forward, and severing fibrous connections by always cutting against the tonsil. The tonsil is thus stripped from the anterior pillar, superior constrictor muscle and posterior pillar, the attachment to the base of the tongue being the last released. Frequently a portion of the lingual tonsil will be stripped up by this method, the lingual tonsil apparently being just a more closely adherent continuation of the faucial tonsil.

This method is very simple. The vital points, first the method of making the initial incision; second, the constant manipulation of the tonsil by means of the grasping forcep so as to continually expose more and more of its attached surface, and third, the cutting always against the tonsil. Every step is exactly within sight, the scalpel at no time being thrust between the pillars and tonsil, where the sharp point and cutting edge might, unseen, nick muscular structures.

The almost uniform absence of post-operative bleeding in this operation, in two hundred and eighty cases, justifies description of the operation. In these cases there were only three that had any post-operative bleeding; two of these were in children, one in an adult. One was due to the presence of a tag left at operation and ceased immediately on removal of the tag. The others had stopped spontaneously, one four hours after operation, the other six hours. The reason for the bleeding in these two cases I did not ascertain.

At operation the amount of bleeding varies according to whether local anesthesia in which the hemastatic effect of the adrenalin is at its best, or general anesthesia is used, and also from patient to patient. It is true that at times literally not more than a few drops of blood are lost under local anesthesia. In other cases bleeding may be rather brisk. If the bleeding shows any tendency to continue either under local or general anesthesia, the Jackson

tonsil haemostat clamp is used and a tie applied if deemed necessary.

Four patients above forty, aged respectively forty-four, forty-five, fifty-one and fifty-seven, were operated on. In none of these was there any more bleeding than in the young adults.

While I do not claim that even the most conscientious and skillful execution of the above described method will do away entirely with hemorrhage, I do think that such a method reduces it to a minimum, and with the clamps to fall back upon when necessary makes tonsillectomy a safe surgical procedure.

230 West Lafayette avenue.

THE PATHOLOGY AND TREATMENT OF DISEASES OF WOMEN. Fourth edition. Rewritten by A. Martin, Professor and Director, Der Universitaets-Frauenklinik in Greifswald, and Ph. Jung, Professor and Oberarzt, Der Universitaets-Frauenklinik in Greifswald. Only authorized English translation, written and edited by Henry Schmitz, M.D., Professor of Gynecology, Chicago College of Medicine and Surgery; Medical Department, Valpariso University; Attending Surgeon, St. Mary of Nazareth Hospital; Attending Gynecologist, Frances E. Willard National Temperance Hospital, Chicago. With 187 illustrations, 25 of which are in colors. 1912. New York: Rebman Company. Cloth, $5 net.

As the number of American physicians and students who read German is limited, it is impossible for this class to get at first hand the latest ideas and thought of our German *confrères* unless some competent translators put them into English. Americans are prone to the belief that only our nationality is concerned with surgical advancement. Such is not the case, however, as many advances originate with our foreign brothers. Therefore, it is meet that books which have been found beneficial in other lands should be translated so that the American profession may benefit thereby. Although there would seem to be at first glance an oversupply of good gynecologies on the market, yet we must realize that each and every one of these has its deficiencies and limitations, its friends and enemies. Though the volume before us is not large when it comes to the number of pages, what it lacks here it makes up for in substances and illustrations. One is particularly impressed with the simplicity and naturalness in the arrangement of the subject and with the elimination of a horde of befuddling theories which only confuse the student. Certainly a student or general practitioner should obtain a clear picture of the anatomy, symptomatology, pathology, operative and non-operative technique of the common women diseases, as each and every part of the female generative tract is sufficiently, fully and comprehensively treated. It presents the subject so graphically and logically that it gives us great pleasure to recommend it unqualifiedly to the medical profession.

RURAL SANITATION; OR, PHYSICAL BETTERMENT IN COUNTRY LIFE.

By C. W. G. Rohrer, M.D.,
Maryland State Department of Health.

(*Continued from November issue.*)

VI. PREVENTABLE DISEASES.

In the field of preventable diseases there is much to be done in the rural districts. The country is looked upon as the stronghold of typhoid fever, and if these scattered remarks tonight enable one person to ward off an attack of this dread disease, I shall feel amply repaid for my efforts.

The rural and suburban portions of our population—some 600,000 souls—possess but slight knowledge of preventable diseases. This is to be deplored, because many valuable and useful lives are prematurely ended through the intervention of infectious or preventable disease.[22]

The most important infectious or preventable diseases are the following: Tuberculosis, typhoid fever, scarlet fever, diphtheria, measles, whooping-cough, chicken-pox, influenza, smallpox and malaria. I almost shudder when I pronounce these names, calling to mind, as I do, the disastrous consequences which so often follow in their wake. A child born in rural Maryland is to be congratulated if it reaches the age of young manhood or young womanhood. In the first place, it is probably ushered into the world by the aid of a midwife who possesses but little technical knowledge. So little attention is paid to the event that it is doubtful if an official record is made of its birth. If it lives through the perilous "second summer," it becomes legitimate prey to the tender mercies of the diseases of childhood.[23]

[22]In his healthy and perfect state, in the full meridian of his usefulness and vigor, "What a piece of work is a man!—how noble in reason! how infinite in faculties! in form and moving how express and admirable! in action, how like an angel; in comprehension, how like a god; the beauty of the world! the paragon of animals!"

[23]"Constitutions are not made, but grow." In a "Dissertation Upon the Cholera Infantum; with Rules and Regulations As Preventive Means of the Autumnal Diseases of Children Which Gained the Boylstonian Prize for the Year 1803," written by Dr. James Mann, A.M., fellow of the Massachusetts Medical Society, there appears the following suggestive paragraph on pp. 27 and 28:

"Filth and dirt are supposed to be one cause of this disease. Under this article are included filthy habitations, dirty clothing, animal and vegetable substances in a state of decay. From the above sources, combined with heat and moisture, is formed an infectious state of atmosphere which disposes the human body to disease. What the characteristic principles of these subtle materials are which emanate from reservoirs of filth elude our researches. It is probable they may not be dissimilar to those offensive agents which are generated within the alimentary canal from acetous and putrid fermentation. These principles of infection most probably always exist in the common atmosphere, but become active only when they are in a concentrated state. This is one reason which may be offered why the inhabitants of close-settled cities and populous towns are more exposed to the scourges of disease than those of thinly-scattered villages. The fatal effects of an infectious atmosphere are already too well known by the annual epidemics which prevail in most of our large towns to require a circumstantial detail. Infants, who are the most susceptible, are generally the first victims of its morbid influence. These offensive materials have been variously denominated, according to what has been supposed their nature and origin, from which are obtained the names *morbific, effluvia, marsh miasmata, mephitic vapour, animal cule contagion, putrid fermentation, nitrous acid gas* or *septon*. The materials of expiration and perspiration, when they are suffered to be accumulated, are real poisons. These also, in such states, form spheres of infectious principles around the bodies from which they originate. As the most mortal forms of disease are supposed to have their existence from these causes, it may be literally said of the animal system, even in a state of health, that it is a storehouse of infection."

Is it surprising, then, that the "pale and sickly cast" should meet the experienced eye at almost every turn of the road? Scarlet fever leaves it with a running ear; measles, with weak lungs; diphtheria, with a weak heart, while severe attacks of whooping-cough, chicken-pox and influenza so lower its vitality that it is a wonder it survives at all.

All of these diseases can be prevented. Tuberculosis, the "White Plague," is especially a preventable disease. It is not hereditary, but arises from another case of tuberculosis, being transmitted chiefly by means of infected dust or infectious particles thrown off in the act of coughing.

What can the people in the rural districts do to ward off tuberculosis? In this State nearly 2500 deaths result annually from tuberculosis. More than half of these are in suburban and rural communities. In the entire State there are always nearly 10,000 persons ill with the disease.[24]

In the first place, greater care should be taken in regard to expectoration. In rural communities, especially, consumptives expectorate on the sidewalks, pavements, railroad station platform, on the floors in public places, and even on the floors in the home. His handkerchief, teeming with tubercle bacilli, is drawn from his pocket and shaken over the dinner table or into the faces of the other members of the family. The same drinking-cup and eating utensils are used by the consumptive and others in the household. If a male, his beard and mustache are probably infected by coming in contact with the expectorated matter. Kissing the other members of the family, and even relatives, is practiced. His sleeping-room is never fumigated and rarely ventilated, and other members of the family occupy it with him. Taking into consideration the above conditions, is it any wonder that tuberculosis was formerly considered hereditary?

The part which rural communities can play in the suppression of tuberculosis can be summed up as follows:

(1) Greater care in regard to expectoration.

(2) Better personal hygiene and hygiene in the home.

(3) A prompt registration of all tuberculous persons, so that the advice and co-operation of the local health officer and the State Board of Health can be secured.

But what shall I say about typhoid fever, sometimes called "drain fever," by reason of its frequent association with bad drainage? Typhoid fever is the bane of country life. The country place is its stronghold, and thence it is disseminated almost broadcast throughout the land. In the year 1911, in rural Maryland, 349 persons died of typhoid fever. These deaths comprised persons in the prime of young manhood and in the flower of young womanhood. In point of fact, typhoid fever almost invariably attacks persons in the prime of life.

[24]Nearly a century ago Dr. James Blake wrote the following suggestive sentence: "Now I think we may conscientiously tell our consumptive patients that when living out in the mountain air they are doing far more to re-establish their health than anything we can do for them."

The following means and methods will aid very materially in preventing typhoid fever in rural districts:

(1) The use of a pure drinking-water supply.

(2) Protection against flies. The screening of houses is essential.

(3) Supervision of the milk supply. Allow no one connected with a typhoid fever case to work about the dairy. Guard against washing the milk cans and other utensils with infected water.

(4) Do not use so-called "night soil" on growing vegetables intended to be eaten raw, except in conformity with the regulations set forth by the State Board of Health.

(5) Proper attention should be paid to sewage and drainage.[25] Observation has convinced me that sewage and drainage are very defective in most rural districts and in most country homes.

(6) Careful disinfection of all typhoid discharges.

(7) Prompt medical attendance in all suspected cases of typhoid fever.

(8) A prompt reporting of all cases or suspected cases of typhoid fever to the local health officer. It is the duty of the attending physician to perform this service.

(9) Guard against transmission of the disease by contagion or direct contact. This also applies to eating utensils, fever thermometers, etc.

(10) Inoculation against typhoid fever. This is a means of preventing typhoid fever which has given good results, and it is within reach of all.

In regard to scarlet fever, it is fast becoming a rare disease. The following are the chief means of combating it:

(1) Prompt isolation of cases or suspected cases of the disease.

(2) A prompt reporting of such cases by the attending physician to the local Board of Health.

(3) Terminal disinfection; that is, disinfection of the patient's room, clothing, etc., after recovery.[26]

[25]Dr. Charles Caldwell, on pp. 109 and 110 of his *Medical and Physical Memoirs, Containing Among Other Subjects a Particular Inquiry Into the Origin and Nature of the Late Pestilential Epidemics of the United States*, published in 1801, emphasizes the following as one of the ten causes which co-operate in the production of our autumnal epidemics, with especial reference to the city of Philadelphia:

"Dirty yards, cellars and privies. In a city as extensive and populous as Philadelphia these are sources of immense exhalation. They have been known to produce cases of yellow fever, even in the depth of winter, and must greatly increase our epidemics of summer and autumn. They should be subject to the inspection of officers of police, and when neglected their cleanliness should be enforced by the imposition of fines.

"Besides the influence of our privies in injuring the atmosphere by exhalation, they have also an effect in contaminating the waters of our pumps. These serve as an additional medium for conveying their poisonous particles into our systems, and are probably instrumental in the production of disease. Under the disadvantage of their present construction, I am sorry to observe that our privies constitute a nuisance not easily remedied."

[26]The importance of terminal disinfection was early recognized by the College of Physicians of Philadelphia. In a Memorial published in 1798 entitled "Facts and Observations Relative to the Nature and Origin of the Pestilential Fever Which Prevailed in This City in 1793, 1797 and 1798," the following suggestive paragraph occurs on p. 10:

"The measures to be pursued for purifying the city from any latent infection are such as we have heretofore recommended, viz.: a strict attention to cleanliness, washing, whitewashing and ventilating the infected houses, bedding and clothing, and fumigating them with charcoal and sulphur or a mixture of oil of vitriol and saltpetre. These, with the frost, we believe, will be found sufficient entirely to destroy any latent contagion."

When I speak of diphtheria, I refer to a disease which medical science has practically conquered. Indeed, I might go so far as to say that *it is unnecessary for anyone to contract typhoid fever if he (or she) will submit to typhoid inoculation; and it is equally as unnecessary for a person to contract diphtheria if he (or she) will be immunized against it.* Unfortunately, in country districts especially, children still die of diphtheria even before the disease is recognized. Therefore, to protect the boys and girls,[27] the "hope of our country," I desire to formulate the following advice:

(1) Regard every case of suspicious sore throat as diphtheria until proven by culture to be otherwise.

(2) Isolate such a case at once, and send for your family physician.

Measles is a disease which is pretty hard to control. Many cases are mild, and a physician is not even summoned. Then, too, there is no serum or protective inoculation against measles. In stamping out this disease we have to rely largely upon—

(1) Isolation of all cases, whether mild or severe.

(2) A prompt reporting of every case, no matter how mild. If no physician has been called, this duty devolves upon the parents or householder.

(3) It would be well to disinfect after measles, but as the contagious principle in this disease is not very tenacious of life, disinfection is rarely done, certainly in rural districts.

While whooping-cough, chicken-pox and influenza are very contagious, even partial isolation of the patient and careful attention to the simple rules of cleanliness usually suffice to prevent their spread. All of these diseases, like the foregoing, are reportable.

Smallpox needs scarcely be mentioned, as there has not been a case in the State of Maryland so far this year. Vaccination is a sure preventive when danger from smallpox is imminent.

Malaria, commonly called "chills and fever" and "fever and ague," is another distinctly preventable disease. Screening the living-rooms, as well as the sleeping apartments, as should be done anyhow as a protection from flies, is very necessary; but it is better policy to destroy the breeding places of the mosquito, a certain variety of which transmits the parasite of malaria. Before the enunciation of the mosquito theory of the transmission of malaria by Dr. A. F. A. King of Washington, D. C., in the year 1882, country folks usually took the following precautions against malaria:

(1) They made it a rule to sleep in the second or third story,

[27] It has been most truly said, "Man is not a mere producer, a mere machine. His life or death, his happiness or misery, is much too high an object upon which to place a pecuniary value. He is more nicely made, more wonderfully organized, requires to be guarded with more care from any influence that may surround him to produce disorganization and unfit him for use: is capable of higher and nobler purposes, and has a higher and nobler destiny, and in proportion as in each of these he exceeds a mere machine, in such proportion ought we to regard his intellectual and moral nature, and the means used to preserve and develop his physical powers, to enable him best to accomplish the great purpose of his existence."

believing that the "bad air" which caused malaria circulated low and circulated at night.

(2) They grew numerous sunflowers, beautiful and attractive in themselves, and believed to promote health.

(3) They planted the willow tree and the blue-gum tree, especially the first.

Undoubtedly much good was accomplished by these primitive methods, resorted to by rural folk in their early efforts to guard against malaria. For instance, mosquitoes are much more numerous on the first floor of a dwelling than in the upper stories. The sunflower extracts much moisture from the soil, thus aiding in the draining of marshy land, wherein the mosquito especially thrives; and the same salutary result is accomplished by the willow tree and the blue-gum tree, both of which absorb much moisture by means of numerous tiny rootlets, said moisture passing off from the leaves by evaporation.[28]

VII. SEWAGE AND DRAINAGE.

I have now arrived to the last item in my paper—the problem of sewage and drainage. If any intelligent person were asked to name what he (or she) considers to be the most important questions now confronting the rural portion of our population, the answer would probably be as follows:

First, the migration of the inhabitants of the rural districts to the cities; largely a social and economic problem; and second, the question of sewage disposal and drainage.

The question of sewage and drainage constitutes the most important public health topic of the present day. This is essentially so in suburban districts and in rural communities. In no quarter of the globe has it become more markedly manifest than in the environs of the city of Baltimore.

Go to the average country home or rural community, and what do you see? We behold, with astonishment, the "two graces" in typhoid fever dissemination, namely, the surface toilet and the surface well, hugging one another almost as closely as the late

[28] J. Disturnell, in his masterly volume, "Influence of Climate in North and South America," published in 1867, records the following interesting data, on pp. 181 and 182, under the caption, "Climate of the Middle States":

"The Middle States, lying southwest of New York, are comprised of New Jersey, Pennsylvania, Delaware and Maryland. Pennsylvania, extending the most northwardly, is bounded by 42 degrees N. Latitude, and Maryland, the most southwardly, is bounded by 38 degrees N. Latitude on its eastern limits. This section of country extends from the Atlantic Ocean to Lake Erie, on the western confines of Pennsylvania, 80 degrees 40 minutes W. Long. * * * The Allegheny range of mountains extend through Pennsylvania and Maryland, lowering the temperature in some elevated places very materially. * * * The southern section of the Middle States has a mean temperature of 58 degrees Fahr. The seasons are as follows: Spring, 58 degrees; summer, 76 degrees; autumn, 59 degrees; winter, 37 degrees. The southern portion of Maryland, lying on the Chesapeake Bay, is a level, sandy section of country, producing Indian corn, wheat, tobacco and sweet potatoes. The country here changes materially from that portion lying above Mason and Dixon's line, or the northern boundary of Maryland bordering on Pennsylvania. The average annual fall of rain in the Middle States is 40 inches, the largest quantity falling near the seaboard, or in the vicinity of Chesapeake and Delaware Bays. * * * Intermittent and other fevers prevail in the southeast part of this region, in the vicinity of Chesapeake Bay, while the climate found on the seashore from New Jersey to Virginia is celebrated for its health-restoring and invigorating qualities."

world-famous Siamese twins. If we tarry yet a little while we shall see myriads of house-flies, wending their way from the toilet to the kitchen and dining-room, not at all weighed down by a burden of some 600,000 disease germs each.

With such conditions staring us in the face, is it any wonder that the country home, or the farm, is called the stronghold of the deadly typhoid bacillus? Shall we continue to be amazed to observe that typhoid fever, dysentery, infantile diarrhoea and intestinal parasites are more prevalent in "fly time?"

The fly is not the only transgressor where the insanitary surface toilet exists. Poultry, swine and other domestic animals soon find the way thereto, and play a part in the work of destruction and death.

During a freshet the infectious material may be washed directly into a well unprotected from surface drainage. Or it seeps into the soil, eventually reaching the water-bearing strata. As typhoid germs have been known to live a year buried in the soil, it would be at least that long before the water drawn from an infected well would be safe for drinking purposes, even if the insanitary conditions were corrected.

The public drinking-cup has been abolished by law; and I am of the opinion that the surface toilet must also go if we desire to foster public health in the rural districts. Then we shall have destroyed one of the principal breeding places of flies, now recognized as so potent a factor in the dissemination of typhoid fever.

So long as the surface well is in use, it will continue to be a Goliath in the spread of typhoid fever. A public water supply of undoubted purity should be provided in all rural communities, while on the farm a driven well or an artesian well should be the rule. In a few instances a progressive farmer has sunk an artesian well, erected a wind pump and water tank, and equipped his home with a modern bathroom. I believe this movement will soon become general, and every up-to-date country home will eventually be provided with a pure and wholesome water supply, as well as every facility for bathing.

The drainage of many suburban places in Maryland is notoriously defective. There are none worse than some of those in the immediate vicinity of Baltimore. But Baltimore is not saying a word, because, although founded in 1729, the city itself is just now installing a sewerage system.

I believe the day will soon dawn when every city and incorporated town in the State of Maryland will have its sewerage system, and every well-regulated farm its sewage-disposal plant. Then the perplexing "night-soil" problem will have solved itself. Then, too, that dread scourge—typhoid fever—will be well-nigh eradicated; infantile diarrhoea will be almost stricken from the mortality roll, and intestinal parasites will be gazed upon as pathological curiosities in our medical museums. The last pair of

house-flies will have been tenderly stored away by Professor Uhler[29] in the museum of the Maryland Academy of Sciences, and generations yet unborn will gaze upon them in wonderment to think that their forefathers permitted such filth-loving, disease-bearing insects to dwell among them.

Too much credit cannot be given to the noble work done by the various civic leagues, women's clubs, men's clubs and similar organizations throughout the State in the cause of improved sanitation or physical betterment in urban, suburban and country life. The Women's Civic League of Baltimore may be exploited as one whose example is well worthy of emulation. Its members, never weary in well-doing, have achieved wonderful results, and their methods have been widely copied by other cities intent upon civic betterment.

VIII. CONCLUDING REMARKS.

The importance of rural sanitation cannot be overestimated. Upon it often hangs the health of an entire city, in addition to that of the rural community itself. City people, in fact, all classes and conditions of mankind, are dependent upon the farm and farm products. In the eloquent words of Daniel Webster, uttered in the year 1839:

"Agriculture feeds us; to a great degree it clothes us; without it we could not have manufactures, and we should not have commerce. These all stand together; but they stand together like pillars in a cluster, the largest in the center—and that largest is Agriculture."

To be a little more explicit, not one of you would care to purchase beef or milk from a farm upon which you knew tuberculosis prevailed among the cattle. You would not care to purchase milk from a farmer in whose family typhoid fever, scarlet fever or diphtheria prevailed. Spareribs or pork chops would not be half so toothsome if you knew they came from a herd of swine decimated by hog cholera or swine plague. Beefsteak and onions could not be eaten with as much relish if you knew that one or more of the "four great bovine scourges"—pleuropneumonia, rinderpest, foot-and-mouth disease and tuberculosis—prevailed among the cattle, or that the onions had been fertilized with so-called "night soil." As a matter of fact, unless you thought the sanitary condition of the farm was reasonably good, you would seek elsewhere for the necessities of life.

Just 400 years ago Ponce de Leon sought to discover the "fountain of perpetual youth," and lost his life in the attempt. It is half a century since Brown-Sequard announced that he had discovered the real "elixir of life." But these and all similar attempts have proven futile, and the best that we can do is to lead

[29] Philip Reese Uhler, LL.D., born in Baltimore, June 3, 1825. A well-known entomologist; formerly assistant to Prof. Louis Agassiz. For a number of years he has been president of the Maryland Academy of Sciences and associate in natural history at the Johns Hopkins University. Until recently he was provost and librarian of the Peabody Institute. He is now entirely blind and in feeble health.

the simple life in order to round out the full measure of our days.[30] According to Mrs. Osgood, "Labor is rest";[31] and simple industry is ofttimes the keynote to physical as well as worldly success.

In the course of my remarks I have dwelt largely upon infectious diseases and vital statistics, or the "bookkeeping of humanity."[32] The importance of these subjects in rural sanitation or physical betterment in country life cannot be sufficiently emphasized. The diseases of infancy and childhood, especially those common to school children, are far-reaching in importance—facts which are now being brought forth in a clearer light by the noble work of our school inspectors. Inspection of schools, however,

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[30]The following classical statements appear in an introductory lecture to the course of theory and practice of medicine in the medical department of Pennsylvania College, delivered October 14, 1856, by Dr. Alfred Stillé, and entitled "The Unity of Medicine":

"The only certain event in life is Death. Sooner or later a sickness befalls every one which no vigor of constitution can withstand, and which no physician's skill can cure. All other illnesses spare the life, and are led to a favorable issue by natural strength or by art, or by both of these united. Thus we perceive there is one direction in which nature opposes an impassable barrier to human power; that there is one hour in which knowledge, experience and devotion are all in vain. But we cannot tell at what period of life the supreme summons shall arrive. * * *

"* * * In spite of hygienic rules, or owing to their neglect, it is certain that diseases abound. They beset the path of life from its commencement to its close, attacking the germ in the womb, blasting the blossoming hopes of childhood, prostrating man in his pride and power and cutting down the hoary head upon the verge of the grave. No wonder that it should have been one of the earliest of human efforts to find the means of mitigating the pains of sickness and of averting death."

[31]Mrs. Frances Sargent Osgood, American poetess, born, 1811; died, 1850. The full stanza is:

"Labor is rest—from the sorrows that greet us;
Rest from all petty vexations that meet us,
Rest from sin-promptings that ever entreat us,
Rest from world-sirens that lure us to ill.
Work—and pure slumbers shall wait on thy pillow;
Work—thou shalt ride over Care's coming billow;
Lie not down wearied 'neath Woe's weeping willow!
Work with a stout heart and resolute will!"

[32]The annual address before the Medical Society of the County of Albany, New York, delivered on November 8, 1859, by Dr. Sylvester D. Willard, president of the society, was entitled "The Importance of Mortuary Statistics." In it is found the following paragraph, on pp. 10 and 11:

"Disease has lessened in some portions of the city (Albany, N. Y.) at least one-third—I speak without figures—and there has been, I apprehend, a corresponding diminution in mortuary results, effected by the introduction of a full supply of pure water; but in nothing are the interests of Albany more neglected than in its sanitary measures. It has no medical police. Its Board of Health has no vitality. The laws of health are grossly violated. Slaughter-houses are allowed within the city limits, and every wind blows the foul odor of their unabated nuisances over our population. There is no sufficient regulation for the removal of garbage. Privy vaults are allowed to remain reeking with filth and exhaling sickening effluvia. Stagnant water evaporates in some of our streets. Ponds, in which are cast dead bodies of every description, from horses to still-born children, are left undrained; and not unfrequently the carcasses of dead animals putrefy and rot in the streets unremoved. Our most public thoroughfares are made filthy by the daily droves of cattle and swine. Cellars, dark, damp and unventilated, are inhabited. Stables in the most disgusting condition are on our very borders. From all these and other sources the poisoned miasmia arises and settles upon our unguarded people. They die and are buried, and no mortuary statistics remain to warn others against these evils. The body politic may shrink from such testimony, but it is true, and their laws do not interpose to prevent and make it otherwise."

should not be restricted to our larger cities, but should penetrate to even the remotest country districts.[33]

Many infectious diseases find access into the bodies of school children by way of the mucous membrane of the nose and mouth, and also by way of the tonsils. In fact, these three—nasal mucous membrane, buccal mucous membrane and tonsils—constitute the most important "portals of entry" for the infectious agents causing diphtheria, measles, scarlet fever, pneumonia, epidemic cerebro-spinal meningitis, and probably infantile paralysis. Therefore, it is of paramount importance that school children should be inspected, and diseased conditions of the upper air passages, such as adenoids, enlarged tonsils, chronic catarrh, etc., be promptly treated by a competent physician.

Ventilation of country homes, as well as of schoolrooms and all public places, should receive greater attention. Fresh air and sunshine, Nature's best disinfectants, are readily accessible to all. Few country homes can be properly ventilated, because the windows can rarely be lowered from the top.

"All men desire to live long, but no man would be old,"[34] is a sentence which I parsed in the grammar school 25 years ago. But a great writer has said, "We live in deeds, not years,"[35] and that mysterious essence which we call life has been defined as "the sum total of forces by means of which we resist death." There are foes from within[36] and foes from without. We may acquire

[33]The following paragraphs occur at the close of an admirable pamphlet entitled "Hints Respecting the Chlorosis of Boarding Schools," written by the author of "Hints Respecting the Distresses of the Poor," and published in London in 1795:

"Unfortunately, schools that have arisen to reputation soon become too crowded with inmates for the advantages of health. On entering a schoolroom crowded with children a very unpleasant smell and heated air disgusts a person coming from the fresh air: this foul air tends to enfeeble the children, relaxes the frame and renders it susceptible of cold and disease; and hence all schoolrooms should be furnished with ventilators placed low in the room, and there should be air holes considerably above to allow the rarefied air to escape while fresh air is supplied by the ventilators.

"These cursory hints I now refer to the consideration of the public, being persuaded that, were the management of children regulated by them, chlorosis would rarely occur; nor would sore throats and low fevers so often thin and almost annihilate schools near the metropolis. I have seen the issue of whole families swept away by their fatality; and, if the hints suggested shall preserve any individual from this melancholy catastrophe, I shall not have written in vain."

[34]Dr. John Gardner, in his volume entitled "Longevity: the Means of Prolonging Life After Middle Age," published in 1875, advances the following summary of his views concerning old age on p. 155:

"Ageing is a result of the operation of several concurring causes. Mere lapse of time will produce it. But ageing does not synchronize with age; that is, with the number of years a life has continued. In some persons it begins earlier, and in others later.

"Ageing consists in molecular changes proceeding in all the textures and organs of the body, involving a deterioration, degradation or a species of decay. It may exist without suffering or consciousness of the change. A person may say, and truly, 'I am quite well for an old man, or an old woman.' The qualification implies that there is some degree of weakness, some departure of power formerly enjoyed, and the tendency is daily toward more and more debility."

[35]"We live in deeds, not years; in thoughts, not breaths;
In feelings, not in figures on a dial.
We should count time by heart-throbs. He most lives
Who thinks most, feels the noblest, acts the best."

[36]The colon bacillus may be cited as a typical example of a "foe from within"; likewise the pneumococcus. The former is a normal inhabitant of the intestinal tract of man and warm-blooded animals; the latter, according to Netter's observations, is found in the mouths of 20 per cent. of healthy persons. But let the intestinal canal become deranged, and the colon bacillus is liable to cause appendicitis. Or let the lungs become congested and their vitality below par, and the pneumococcus is prone to bring about an attack of pneumonia.

tuberculosis from our brother-man. The house-fly may give us typhoid fever; the cat, scarlet fever and diphtheria; the dog, tape-worms and other intestinal parasites, while the rat may transmit to us bubonic plague.

But I have detained you long enough. I thank you, one and all, for your unfaltering attention. In conclusion, I desire to quote an editorial, full of wit and humor, yet not totally devoid of scientific truth. It is entitled "The Danger of Being Alive," and reads as follows:

"Drink water and get typhoid fever. Drink milk and get tuberculosis. Drink whiskey and get the jim-jams. Eat soup and get Bright's disease. Eat meat and encourage apoplexy. Eat oysters and acquire toxemia. Eat vegetables and weaken the system. Eat dessert and take to paresis. Smoke cigarettes and die early. Smoke cigars and get catarrh. Drink coffee and obtain nervous prostration. Drink wine and get the gout. In order to be entirely healthy, one must eat nothing, drink nothing, smoke nothing, and even before breathing one should make sure that the air has been properly sterilized."

The Blood of the Fathers. A Play in Four Acts. By G. Frank Lydston. Chicago: The Riverton Press. 1912. Published by subscription only.

Medical sociology has become well established as a separate division of the medical sciences and is demanding the best thought of many of the medical leaders. In order to more firmly impress the laity, as well as the profession, with the penalty posterity has to pay for the crimes of its fathers, Dr. G. Frank Lydston has written the above four-act drama on hereditary criminology with the conviction that he will thereby more impressively focus the public attention upon the necessity of regulating marriage between the physically and criminally unfit. In the play he expounds the doctrine of castration of those unworthy of becoming fathers either as a result of criminal natures or physical unfitness. Dr. Lydston's wide experience in observation of the ill results of the transmission of hereditary taints has led him to this belief, and he takes the drama as the best method of conveying his ideas on as well as impressing the people with the importance of the subject. As the country is each year feeling more and more the burden of taking care of its degenerates and criminals, it is high time that a method of control be instituted. If the little drama, "The Blood of the Fathers," which is well written, can arouse sufficient interest to awaken the public to the urgency of devising ways and means of combating the evil of marriages which are prone to be followed by a still further propagation of the criminal class, Lydston may look upon himself as a human benefactor of the first water. At any rate, we congratulate the author upon his audacity in attacking a social system which all thinking people know to exist, but many haven't the courage to fight.

WHAT'S THE MATTER?

To the Chairmen and Secretaries of the Different Sections of the Medical and Chirurgical Faculty of Maryland:

Gentlemen—In the State of Maryland, according to Polk's Medical Directory, 1910, there are 2051 physicians. Of that number 1158 are registered in Baltimore city, leaving a balance of 893, representing the number of physicians in the counties of Maryland. There are 1017 members of the Medical and Chirurgical Faculty. Of this number 515 are residents of Baltimore city and 502 are residents of the counties of Maryland, and are, if you please, country doctors and general physicians. Now, a problem in arithmetic presents itself. Subtract 1158 from 2051 and we have 893 as a remainder, and represents the number of physicians in the counties. Divide 502, the number of physicians in the counties of Maryland who are members of the Medical and Chirurgical Faculty, by 893, the number of physicians in the counties of Maryland, and we have .56, the percentage (56 per cent.) of county physicians who are members of the State association. I am very much under the impression that there is a small number of the county physicians of Maryland who are members of their county medical society, but are not members of the State Faculty. Divide 515, the number of members of the Medical and Chirurgical Faculty of the City of Baltimore, by 1158, the number of physicians in the city of Baltimore, and we have .44, the percentage (44 per cent.) of city physicians who are members of the State association. These figures show that, although there are more physicians in the city of Baltimore than in the counties of Maryland, there is more interest shown by the county members, judging by their membership in the State Faculty by 12 per cent., than by the physicians of Baltimore city.

Attending the different sections of the Medical and Chirurgical Faculty, one is impressed at the small number of physicians present and the lack of interest taken. The chairmen and secretaries of the different sections seem to forget; and have overlooked the number of physicians in the new belt which has been formed and is extending around the city of Baltimore. In Anne Arundel county there are 26 physicians who are members of the State Faculty; in Baltimore county there are 69 members; in Harford county there are 18 members; in Howard county there are 13 members. In addition to these, there is a percentage of men who are not members of the State Faculty who might become so if a little attention was shown them. Many of these physicians would be glad to receive a postal card notifying them of the meetings of the different sections of the Medical and Chirurgical Faculty and to have the opportunity of attending these meetings. Physicians living within an hour's ride of Baltimore city would be well repaid for the time taken and the expense incurred in hearing a well-written, well-read paper before any one of these sections. Would

it not be well for the officers to take this matter into consideration before the first meeting of their several sections, arranging to open all meetings promptly at the hour mentioned on the card and closing them at no later than 10 P. M., and notify the county members, who, as indicated by the figures mentioned above and by their memberships, are intensely interested in the advancement of medicine?

WILLIAM J. TODD.

Mt. Washington, Md., October 15, 1912.

Book Reviews.

ARTERIOSCLEROSIS. Etiology, Pathology, Diagnosis, Prognosis, Prophylaxis and Treatment. With a Special Chapter on Blood Pressure. By Louis M. Warfield, A.B., M.D., Assistant Superintendent and Resident Physician to Milwaukee County Hospital; Assistant Professor of Medicine, Wisconsin College of Physicians and Surgeons, Milwaukee, Wis.; Formerly Medical House Officer, Johns Hopkins Hospital, Baltimore, Md.; Member American Medical Association. Second edition, revised. With an introduction by W. S. Thayer, M.D., Professor of Clinical Medicine, Johns Hopkins University. Illustrated with 28 engravings. St. Louis: C. V. Mosby Company. Cloth, $2.50 net. 1912.

Only when the medical profession comes to the realization that more people are carried off by heart and arterial affections than by either cancer or tuberculosis can the victims of arteriosclerosis expect to receive scientific treatment. Surgeons have long since arrived at the conclusion to get the best results they must operate at the incipiency of the disease when the patient is in good condition, otherwise the operation may be of no benefit and thus throw surgery into disrepute. The same tenet holds true in arteriosclerosis. If anything is to be accomplished by the physician, he must get the case early; in fact, according to the dictates of some, before obvious hardening of the vessels. Therefore, any light which can be thrown on the subject owing to the universal prevalence of the malady is opportune, and meets a distinct need, as the literature on this subject heretofore has been scattered and hard to obtain. The above is one of the most valuable books recently published, and possesses superior merit. It cannot help but exert a distinct influence in bringing about a better understanding of arteriosclerosis. Besides a thorough account of the anatomy, pathology, physiology of the blood circulation and blood pressure, etiology, the physical examination of the heart and arteries, symptoms and physical signs (both general and special), prognosis and diagnosis, it contains chapters on prophylaxis, practical suggestions, treatment and arteriosclerosis in its relation to life insurance. The writer lays especial emphasis upon the prevention of senile changes in the arterial walls. He bewails the present mode of life which burns the

candle at both ends (the high pressure under which we work), as a mental strain is a powerful influence in the production of the bodily changes under discussion. He advises, therefore, people with great mental responsibilities to take moderate outdoor physical exercise if they hope to keep their arteries healthy. He emphasizes also the importance of the physician regulating the course of life of heavy eaters and drinkers, and especially so if these habits are combined with concentrated brain work. Only in this way, he states, is the prophylaxis of arteriosclerosis possible.

The treatment is along rational lines, but would have been more scientific if the author had taken into consideration the intake and output of nitrogen; also the amount of urea contained in the blood. Certainly in feeding arteriosclerotics one must determine what the kidneys can do, and this result can only be arrived at by an exact knowledge of what the patient is eating, the amount of urea in the blood and the amount of urea eliminated daily by the kidneys.

The above is not a criticism, merely a suggestion; and is only offered for what it is worth, as work is constantly being done along these lines and has apparently simplified feeding in kidney affections. Warfield is to be congratulated on the excellence of his contribution, which is concise, well expressed and exceptionally meritorious.

Making Good on Private Duty. Practical Hints to Graduate Nurses. By Harriet Camp Lounsberry, R.N., President West Virginia State Nurses' Association; Sanitary School Inspector for Charleston Independent School District. Philadelphia and London: J. B. Lippincott Company. 1912. Cloth, $1 net.

Trained nurses have become a necessary institution in these times. Indeed, the successful termination of many ills is dependent upon skilful nursing alone. The physician is entirely aware of the aid to be derived from the employment of a skilful nurse and is cognizant of her indispensability. Therefore any hints which tend toward increased efficiency of the nursing profession—and no one will deny that it can be improved—are indeed timely. The employment of a trained nurse is a serious proposition, not only as it affects the internal rearrangement of the house, but also the respect and honor of two professions. Nurses have it in their power to be an agent of good or bad, and are in a position to make the life of their employers (afflicted family and doctor) miserable or pleasant. Nothing in the experience of a physician is more annoying than an unsatisfactory nurse. First, and above all, the nurse owes implicit loyalty to the physician employing her. It is not for her to say whether the treatment is right or not. She must remember that medicine is not an exact science, and that there are more ways than one in many instances of arriving at the

same end, that there is a constant flux and flow of ideas concerning the proper method of handling a certain affliction, and that the treatment with which she is acquainted, though accepted today, may be discredited tomorrow. It is her duty to carry out the instructions of her employer, and those alone. If the treatment does not meet with her approbation, and she cannot conscientiously give it, she has the privilege of relinquishing the case, but she must not discredit the physician in the eyes of his patient. It is this power of turning the patient and his family against the doctor, who has in many instances given years of good and faithful service, that makes a doctor hesitate about calling in a trained nurse.

The author lays especial emphasis upon the fact that the nurse is the doctor's aid and occupied in an entirely different field of endeavor. She especially notes the importance of loyalty to the physician to get the best results. If this idea could be indelibly impressed upon every new graduate, there would be less friction and more confidence between the two professions.

The writer also throws out many hints concerning the relation which should exist between the nurse and her patient. Good advice, and advice which, if followed, would render the thorny path of nursing less hard to traverse. Space is also devoted to the nurse and her patient's family, friends and servants; why do nurses complain; some hints for the obstetrical nurse; general remarks on foods and feeding, etc. The volume is replete with homely advice, and which should be read by every nurse, both undergraduate and graduate. Open the pages wherever you may, there you will find something worth while reading. The beauty of the book is that it does not have to be read through, but can be read with instruction and pleasure for a minute or so, depending upon the time at your disposal, wherever opened.

Massage and the Original Swedish Movements. Their Application to Various Diseases of the Body. Lectures Before the Training School for Nurses Connected with the Hospital of the University of Pennsylvania, German Hospital, Woman's Hospital, Philadelphia Lying-in Charity Hospital, the Philadelphia Polyclinic and College for Graduates in Medicine, and the Kensington Hospital for Women of Philadelphia. By Kurre W. Ostrom, from the Royal University of Upsala, Sweden. Seventh edition, revised and enlarged. With 115 illustrations. Philadelphia: P. Blakiston's Son & Co. 1912. Cloth, $1 net.

The tendency of modern medicine is to get away from medicines and back to nature; therefore any book which uses its influence in this direction should be welcomed by physicians. It is needless to say that American doctors are only too poorly grounded in the science of massage; consequently a contribution from the pen of such an authority as Ostrom should be of immense value in exactly defining just what can and cannot be

expected of massage in the treatment of disease. The book gives a very concise exposition of exercise in therapeutics, massage as a therapeutic agent, pressing and shaking (vibrations), details of treatment, contraindications for massage, Swedish movements, positions, divisions of movements, the physiology of the movement treatment, mechanical action of muscles, application of massage, etc., to various diseases of the body, etc. Anybody interested in massage will find in the present work many helpful suggestions as well as intensely interesting reading.

THE PRACTICE OF OBSTETRICS. Designed for the Use of Students and Practitioners of Medicine. By J. Clifton Edgar, Professor of Obstetrics and Clinical Midwifery in the Cornell University Medical College; Visiting Obstetrician to Bellevue Hospital, New York City; Surgeon to the Manhattan Maternity and Dispensary; Consulting Obstetrician to the New York Maternity and Jewish Maternity Hospitals. Fourth edition, revised. With 1316 illustrations, including 5 colored plates and 36 figures printed in colors. Philadelphia: P. Blakiston's Son & Company. 1913. Cloth, $6 net.

Edgar's Obstetric has become so endeared to the medical student that there is really no need of a critical review of a new edition, as everybody is fully acquainted with its merits. Ever since its first appearance it has taken a prominent position in the student library, and we predict that this, the last edition, will retain the prestige and popularity of its predecessors. Among the notable additions to the text are observations on blood pressure, anesthesia in labor, vaccine and serum treatment of sepsis, hemorrhage of the newly born, pelvimetry of the pelvic outlet, funnel pelves and their treatment, premature rupture of the membranes, pubiotomy, extraperitoneal Cesarean section and the Momburg belt constriction for hemorrhage. Besides the above additions, wherever necessary the text has been completely revised. Especially has the author found it necessary to rewrite the pathology of the various subjects. We are glad to note that the author in speaking concerning the choice of an anesthetic for obstetric operations lays down the rule which should govern the choice of an anesthetic under any other circumstance; namely, that ether is the safer and should be preferred; especially is this the case in puerperal eclampsia, because chloroform tends to produce necrosis of the liver cells and thereby increases the toxemia. His warning that because chloroform is the more convenient it should not be allowed to enter into the consideration of the choice is, indeed, timely, as well as the injunction, no question of convenience should be allowed to interfere with the safety of the patient. In regard to the treatment of puerperal infection by vaccines, the author states he has thoroughly tried them and found them wanting. He also states that the value of the opsonic index in these cases is questionable. The above conclusions have

been reached by about everybody else. The writer, however, recommends the use of a polyvalent serum, prepared under the directions of Dr. William H. Park of the New York Board of Health, as he has experienced encouraging results from its use: results that so he states cannot be ignored.

For thoroughness, completeness and simplicity of diction Edgar's Obstetrics is surpassed by none and equaled by few of its competitors. As heretofore, the student or general practitioner of medicine contemplating the purchase of an obstetrical assistant of the first water will be more than satisfied with the fourth edition of the above-mentioned volume.

Hypnosis and Suggestion. Their Nature, Action, Importance and Position Amongst Therapeutic Agents. By W. Hilger, M.D. (of Magdeburg). Translated by R. W. Felkin, M.D., F.R.S.E. With an Introduction by Van Renterghem, M.D. (Amsterdam). Translated by A. Newbold. New York: Rebman Company. 1912. Cloth, $2.50 net.

Though hypnotism therapeutically is upon a well-established base, one hardly conceives that as late as 1860 was first advanced the idea of hypnosis for therapeutic effect, and that the discovery was so ridiculed that no respectable physician would have anything to do with the new art. It was not until 1878, when Charcot put his stamp of approval upon the method, and admitted that, after all, there was something in it, that hypnotism was accorded the reception due it. Since then hypnosis has been continually broadening its field therapeutically through the efforts of a host of enthusiastic investigators. It is with hypnosis as applied to medicine that Hilger's book deals. All sensational claims are laid aside, and the author in simple, scientic style tells what may be expected of this agent. Undoubtedly too little attention is paid by the medical schools to physical therapeutics. The entire medical profession will benefit materially when it is brought to realize that there is some good in these aids. It is such books as Hilger's that will awaken the profession to their importance.

The Surgical Clinics of John B. Murphy, M.D., at Mercy Hospital, Chicago, October, 1912. Published Bi-Monthly by W. B. Saunders Company, Philadelphia and London. Volume I, Number 5. Baltimore: The Medical Standard Book Co. Paper, $8 per year.

The value of Murphy's Clinics to the operating surgeon has become so well established that it is superfluous at this late day to sing their praise. One cannot but help realize that a permanent record of the work of such a man as John B. Murphy is a privilege which the medical profession will only thoroughly appreciate when the laborer has been called to his reward. There is only one criticism which we can offer to the volumes which have so far appeared: that is, the articles seem unfinished. One is left with the

impression that Doctor Murphy does not supervise the reporters' notes, but lets them go out as recorded. This is a minor matter, but if corrected would add greatly to the finish of each volume. As in the preceding numbers, so here, a wide range of subjects is covered; all of which are of interest to the practical surgeon. Amongst the most interesting sections are those on bone operations. It is in this field as much as any other that Doctor Murphy is acknowledged the foremost exponent in America. Consequently his observations and conclusions are of the utmost importance to the surgical world.

A Textbook of Obstetrics, Including Related Gynecologic Operations. By Barton Cooke Hirst, M.D., Professor of Obstetrics in the University of Pennsylvania, Gynecologist to the Howard, Orthopedic and Philadelphia Hospitals, etc. Seventh edition. Revised and enlarged, with 895 illustrations, 53 of them in colors. Octavo of 1013 pages. Philadelphia and London: W. B. Saunders Company. Baltimore: The Medical Standard Book Co. 1912. Cloth, $5 net; half morocco, $6.50 net.

Hirst's Obstetrics has been on the market too long to need any encomiums from the reviewer. For six editions, one after the other, it has met most admirably the demands of both students and practitioners, and has today become recognized as a standard volume. Such being the case, it is hardly to be expected that the present edition will fall in the estimation of those employing it as a textbook. In obstetrics, as in other lines of medical effort, constant advances are being made, and what is authoritative today is obsolete tomorrow. Therefore, the life of any book on midwifery is soon run, unless the author brings it up-to-date. With the idea in view of making his production of the greatest use to the greatest number, he has found it necessary to again revise his former editions, and now presents to the profession the latest, the seventh edition, for which we predict greater success than any of its predecessors. In this volume, the physiology of the process of generation precedes the pathology, which undoubtedly is a more logical sequence. A most noteworthy and excellent feature of the present as well as the past volumes is the inclusion of sections on diseases of women. Such should be the case in every textbook on obstetrics, as by far the vast majority of women diseases is the penalty of childbearing. An additional attraction which adds to the merit of the present presentation is the addition of a chapter on diseases of the breast. The number and excellence of the illustrations cannot help but call forth the commendation of the medical fraternity. It is our opinion that Hirst's obstetrics, as heretofore, will more than meet the most critical demands of an exacting profession.

MARYLAND MEDICAL JOURNAL

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BALTIMORE, DECEMBER, 1912

DR. FRANKLIN BUCHANAN SMITH.

THE axiom, "Death ever loves a shining mark," is particularly appropriate in the case of Dr. Franklin Buchanan Smith of Frederick, a man endowed with the highest qualities of mind and character and highly esteemed by the profession and those among whom he labored. He was tried as by fire and not found wanting. His geniality and attainments made it possible for him to be the recipient of many honors from the hands of his brother physicians, in which trusts he always acquitted himself with credit. Under his directorship the Medical and Chirurgical Faculty prospered as never before, and by his death has lost a steadfast and loyal servant. Those who knew him will always consider it an honor to have been numbered amongst his friends. Though taken away from us in his prime, his influence will continue to be with us. Deeply religious and ready to meet the call of his Master, as a true soldier he met death without a qualm. He made himself greatly beloved in his community by performing his duty without murmur or complaint. In the shadow of death a few well-selected words from his lips have enabled many a soul to pass over the Great River more resignedly, and to those who remained he had ever a word of encouragement and sympathy. He led an active professional life and took a leading part in each and every movement which tended to the uplift of his profession, and exemplified by his life the high possibilities of a country doctor's life. Endowed with a handsome face and magnificent physique, he was a marked figure wherever he happened to be. Added to these favors of nature, he had the courtly manners, dignity, ease and grace of a true Southern gentleman. He was an old-school doctor in the

broadest sense. He was extremely modest and devoid of all vanity. Dr. Smith was born April 10, 1856, in Frederick, Md. His primary education was obtained at the Frederick Academy, Frederick, Md. He then matriculated at Princeton University, from which institution he received the degree of B.A. with the class of 1876, and M.A. three years later. His medical education was acquired at the University of Pennsylvania, graduating M.D. in 1878. Immediately after leaving college he settled in Frederick,

DR. FRANKLIN BUCHANAN SMITH

where he lived and practiced his profession until his death; serving as health officer of Frederick, 1880-1895; vice-president Maryland State Board of Medical Examiners; president Frederick County Medical Society, 1900-1903; president Association of Surgeons of the Baltimore & Ohio Railroad, 1909; member of the United States Pension Board for Frederick county for 10 years; vice-president of the Medical and Chirurgical Faculty of Maryland, 1903-1904; president Medical and Chirurgical Faculty of Maryland, 1910-1911.

Medical Items.

The following resolutions were adopted and ordered spread on the minutes by the Anne Arundel County Medical Society, at the regular meeting held at Annapolis, Md., Tuesday, October 8, 1912:

Resolved, Whereas God in his infinite wisdom has chosen to remove from our midst our friend and fellow-practitioner of medicine, Dr. H. Roland Walton.

Resolved, That the Anne Arundel County Medical Society extend the family of our deceased friend and fellow-practitioner, Dr. H. Roland Walton, their heartfelt sympathy in their hour of affliction.

Resolved, That a copy of these resolutions be forwarded to the family of the late Dr. H. Roland Walton.

Resolved, That a copy of these resolutions be published in the official organ of the Medical and Chirurgical Faculty of Maryland.

Resolved, That a copy of these resolutions be published in the Maryland Medical Journal.

Resolved, That these resolutions be entered upon the minutes of this meeting held the eighth day of October, 1912.

Respectfully,

Louis B. Henkel, Jr.,
Secretary.

The engagement of Miss Caroline Estelle Lauer, daughter of Mrs. Henry Lauer of Walbrook, to Dr. Elijah Emara Nichols, University of Maryland, '11, of Pikesville, Md. The wedding will take place in the early spring.

Dr. Richard C. Cabot was a recent visitor to the Hopkins and University Hospitals.

Dr. Karl Henry Van Norman, formerly of the sanatorium of the Tuberculosis League of Pittsburgh, and Dr. Ralph B. Seem, formerly superintendent of the James Walker Memorial Hospital of Wilmington, N. C., have been appointed assistant superintendents in Johns Hopkins Hospital, and together with Dr. Rupert Norton, they will assist Dr. Winford H. Smith in his work of governing the hospital.

Dr. Isaac Dickson, who has been very ill with peritonitis, has sufficiently recovered to resume his practice.

Dr. William Tarun, who has been in the Adirondacks for some time for his health, is sufficiently recovered to resume his practice.

Academic Day was observed at the University November 12, and marked the one-hundred and twenty-third anniversary of the founding of the department of arts and sciences, St. John's College, and a gift of $5,000 was announced from Dr. and Mrs. J. C. Hemmeter for the department of physiology.

Dr. John C. Harris is seriously ill, suffering from a stroke of paralysis. He is 74 years of age.

The Baltimore and Ohio Railroad will build an emergency ward at the Maryland University Hospital at a cost of about $5,000.

Dr. Randolph Winslow was given a surprise dinner at the University Hospital on the occasion of his sixtieth birthday.

Dr. William F. Wegge, formerly of Baltimore, and a graduate of the University of Maryland, was one of the alienists appointed to investigate into the sanity of John Shrank, the assailant of Ex-President Roosevelt.

Dr. Charles G. Hill was injured by being struck by an automobile, but is much improved.

Dr. Henry W. Kennard has been appointed assistant superintendent of the School for the Feeble-Minded at Owings Mills.

The Harriet Lane Home for Invalid Children was formally opened November 7.

Dr. Samuel T. Nicholson has been appointed superintendent of the Sydenham Hospital, vice Dr. Josephus O. Wright, resigned. Dr. Nicholson has been in hospital work in Missouri for a year and is 26 years of age.

The engagement is announced of Miss Emma Victoria Horn of Mount Airy, Md., daughter of Mrs. Ernest B. Horn, to Dr

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Use it subcutaneously or by the mouth.
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BALTIMORE, MD.

Robert Preston Winterode of the Crownsville State Hospital.

The following officers were elected at the quarterly meeting of the Washington County Medical Association held in Hagerstown, November 14, 1912: President, Dr. V. M. Reichard of Fairfax; vice-president, Dr. Daniel A. Watkins of Hagerstown; secretary, Dr. W. D. Campbell of Hagerstown; treasurer, Dr. J. Royer Laughlin of Hagerstown. The retiring president, Dr. Samuel M. Wagaman, made an address. Dr. Daniel A. Watkins reported a case of invaginated appendix. Dr. J. McPherson Scott was elected a member of the board of censors and Dr. V. M. Reichard was elected a member of the hospital board.

Dr. Paul Brown is located at Pennsylvania avenue and Robert street, Baltimore.

Dr. J. D. Dickerson of Stockton was elected president and Dr. J. L. Riley of Snow Hill secretary-treasurer of the Worcester County Medical Society.

The Hecht Memorial Nurses' Home at the Hebrew Hospital will be formally opened December 9.

Mrs. Henry Thomas Lewis of Greensboro, Ga., has announced the engagement of her daughter, Anna, to Dr. Arthur de Talma Valk, Johns Hopkins Medical School, '10, of Annapolis.

Drs. Hugh H. Young, Randolph Winslow, Alexius McGlannan, Howard A. Kelly, C. F. Burnham, J. C. Bloodgood, L. F. Barker, B. M. Bernheim, J. M. T. Finney, W. S. Baer, A. C. Harrison, T. B. Futcher, T. R. Brown, W. S. Halsted, J. Staige Davis, Rhoades Fayerweather, H. E. Ashbury and John W. Chambers were among the Baltimore physicians who participated in the meeting of the Interurban Orthopedic Club, which met in Baltimore, November 18 and 19. Drs. Baer and Fayerweather of Baltimore are members of the Association.

Dr. Lloyd Parker Shippen, who was taken ill with pneumonia while on his wedding trip, has recovered.

Dr. Howard A. Kelly is working actively in the crusade against the social evil in Baltimore and other cities.

W. B. Saunders & Co., medical publishers, are now established in their new building on West Washington Square, Philadelphia, Pa.

MARRIAGES.

Thomas Palmer Treadway, M.D., Johns Hopkins Medical School, '10, of Erie, Pa., to Miss Caroline Buffington of Baltimore, at Baltimore, November 12, 1912.

William DeForest Olmstead, Baltimore Medical College, '03, to Mrs. Bessie T. Ijams, both of Baltimore, at Baltimore, November 14, 1912.

Robert Page Cooke, M.D., University of Virginia, '97, of Front Royal, Va., to Miss Nellie Virginia Jones of Westminster, Va., at Front Royal, November 1.

Henry Pickering Parker, M.D., Johns Hopkins Medical School, '01, to Miss Eleanor Cullom Ridgeley, both of Washington, at Washington, November 22, 1912.

DEATHS.

John Denham Palmer, M.D., University of Maryland, '72, of Jacksonville, Fla., died in St. Luke's Hospital in that city from the effects of an accidental gunshot wound November 3, 1912, aged 62 years.

Franklin Buchanan Smith, M.D., University of Pennsylvania, '78, died at his home in Frederick, Md., November 5, 1912, from typhoid fever, aged 56 years.

Charles Hicks, M.D., University of Maryland, '77, died at his home in Mount Vernon, Ga., October 31, 1912, aged 58 years.

Alexander Tinsley, M.D., New York University Medical College, '67, died at his home in Baltimore Saturday, November 16, 1912, aged 90 years.

Hezekiah W. Fair, M.D., Hahnemann Medical College, '80, died at his home in Baltimore November 15, 1912, aged 63 years.

Edward J. Kiepe, M.D., Johns Hopkins Medical School, '97, of Buffalo, N. Y., died at Kansas City, Mo., as a result of poison self-administered, aged 45 years.

"Coffee" Patients—

that vast army of those who call on their Doctor, complaining of the various well-known symptoms of caffeine-poisoning, frequently cause the Doctor no end of annoyance, unless he **insist,** at the start, that the patient quit coffee and tea.

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ARMY MEDICAL CORPS EXAMINATIONS.

THE surgeon-general of the army announces that preliminary examinations for the appointment of first lieutenants in the Army Medical Corps will be held on January 20, 1913, at points to be hereafter designated.

Full information concerning these examinations can be procured upon application to the "Surgeon-General, United States Army, Washington, D. C." The essential requirements to securing an invitation are that the applicant shall be a citizen of the United States, shall be between 22 and 30 years of age, a graduate of a medical school legally authorized to confer the degree of Doctor of Medicine, shall be of good moral character and habits, and shall have had at least one year's hospital training as an interne after graduation. The examinations will be held simultaneously throughout the country at points where boards can be convened. Due consideration will be given to localities from which applications are received in order to lessen the traveling expenses of applicants as much as possible.

The examination in subjects of general education (mathematics, geography, history, general literature and Latin) may be omitted in the case of applicants holding diplomas from reputable literary or scientific colleges, normal schools or high schools, or graduates of medical schools which require an entrance examination satisfactory to the faculty of the Army Medical School.

In order to perfect all necessary arrangements for the examination, applications must be completed and in possession of the adjutant-general at least three weeks before the date of examination. Early attention is therefore enjoined upon all intending applicants. There are at present thirty-five vacancies in the Medical Corps of the Army.

Correspondence.

Editors Maryland Medical Journal:

The following is an abstract of a paper read by Dr. Tom A. Williams of Washington, D. C., in section 4 of the Fifteenth International Congress on Hygiene and Demography, entitled "Occupational 'Neuroses.'" This paper was read on Tuesday morning, September 24:

"Neurosis is a misnomer, for those of occupation are strictly psycho-dynamic inhibitions of disorders in the habitual series of co-ordinated associations gained by education in some art. A want of harmony in the controlling of the mechanism is the fault, and the disharmony is always psychological." This is shown by a series of studies of cases of occupational "neuroses" delineated in detail.

Many cases of various forms of occupational or professional neurosis, including traumatic neurosis of railway and industrial accidents, were described. In these were shown the necessity of addressing the treatment to the psyche, or the mind of the patient. "It is not an incapacity of muscle and nerves to perform their functions, for this is intact except for performing the particular professional acts which fail." Four of the cases described were those of writers' cramp, the commonest occupation "neurosis."

One of the cases described was that of a navy paymaster, who

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in Gout, Acute or Chronic, and other Inflammatory Articular (*rheumatism*), Cutaneous (*pruritus, eczema*), Ocular (*iritis, episcleritis*), Aural (*otoscleritis*) and Neuralgic (*neuritis, sciatica*) Affections

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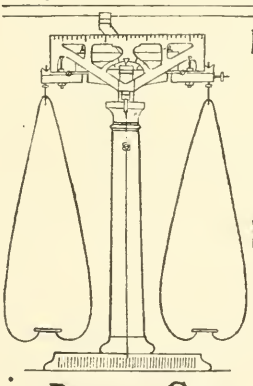

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suffered with writers' cramp, or palsy, to the extent that he was unable, as the day progressed, to write his signature legibly by the time afternoon had arrived. At the patient's first interview with the physician the former was brought to appreciate the psychogenesis, or mental origin, of the trouble. The patient, with this fact clearly in mind, and through his own efforts as directed by the physician, entirely recovered within a month's time. Another case of writers' cramp was shown to have arisen entirely from impatience on the part of a woman of routine letter writing. After a somewhat longer period than in the first case, her writing was practically normal. Two cases of telegraphers' cramp were also described.

The chief difficulty in treatment is to persuade the patient that his disorder is not physical, as he has been told so often. When this is done, graduated exercises accomplish the cure.

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Excerpts.

MEDICINE AS A PROFESSION.

Iowa Medical Journal.

The young man of today in contemplating a professional career should consider seriously many points before deciding upon medicine. First of all, he should fully realize the enormous amount of work ahead of him. The young man with a strong physical makeup and well-balanced mind possesses a decided advantage over his weaker brother.

One should not arrive at a decision without first making a few observations. A consultation with some of his friends in the profession and a few visits to a hospital where he has the opportunity to see the different types of medical work will enable him to gain some idea of the duties of a physician.

If a young man questions his capacity for work and his ability to sustain the effort, he should not think of entering upon the study of medicine.

The selection of a school is not of as much importance as is generally supposed, so long as one selects one of the standard schools. The didactic work may be secured in any well-conducted medical school. The practical training varies greatly. The smaller schools, properly located, train far better for the profession of medicine than the larger schools which are unable to properly handle the body of students as individuals.

From the time of entering the medical department until he ceases to practice medicine, it is one continuous program of study and work. The physician who permits a year to go by without keeping abreast of the literature of that time cannot compare favorably his knowledge of medicine with the one who has not permitted this lapse of study.

One not in the practice of medicine has but little conception of the amount of original work and scientific investigation being carried on in the many laboratories of the world. The latter term is not restricted to the immense structures which are commonly

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thought of when one speaks of laboratories. Some of the highest types of work are being done under adverse conditions, which only goes to show that individual mind rather than surroundings produces the result.

If one is in love with the study, it is not a labor to carry on the work. No one should consider the profession for a minute who is not thoroughly in harmony with it.

The successes and failures of physicians form an interesting study. Practically every physician should succeed if he is well qualified and has in mind the best interests of his profession. The financial return should be the last consideration. If he has done his work well, the patient is, with few exceptions, pleased to compensate him for his work. If he has treated the patient properly, both in a scientific as well as a personal manner, he need never fear the result. The most scientific and best trained man will not succeed in the practice if he is unfortunate enough to have acquired any habit that makes him disagreeable in the eyes of the patient. He should think enough of himself to care for his personal makeup in a way that is above criticism. Many times he is present in the death chamber where no other than a man of the highest moral type should be. Many men fail because they fail to reach the proper standard of a gentleman. There was a time not many years since when a gentleman with but little knowledge of medicine met with a fair degree of success, but the public today has become more discerning and is seeking the physician who is both well trained and a gentleman—one who must be trusted at all times and under all conditions. One of the first things for the young practitioner to learn is to be able to keep his professional secrets strictly to himself. The law protects him in this. I have known a number of physicians who were greatly handicapped because of their disposition to discuss their patients and their patients' ailments with others.

The practice of medicine has always been regarded as a noble work. To help an afflicted brother is appreciated not only by the brother, but also by those who have an opportunity to observe it. In some countries today the old custom obtains that the physician never makes a regular charge for his services. At certain seasons of the year his patients call and make donations. Considering this, one can readily understand a physician in such a community is not considering the remuneration, but merely that he is doing a good work and will receive his reward not in this world, but in the hereafter. No young man, looking forward to the building up of a fortune, should consider medicine as a career. There are examples here and there of men who have made great financial successes, but the great majority merely secure a comfortable living. Of those who take up the study today, comparatively few drop the work. This is in a great measure due to the fact that the student first considers the requirements for entrance and then the vast amount of work necessary before he secures his license.

It is interesting to consider the position of the physician in the country village. He is always regarded as a man of superior attainments. His educational training should have carried with it the acquirement of a general knowledge which his fellow-citizens

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many times call upon him to exercise. If he is right, intellectually, morally and as a gentleman, his influence in a very large measure directs the destinies of his village. When his life's work is done there is more sincere regret in his departure than in that of the average citizen. He has lived among his people, has helped them in the hour of need, counseled with the leaders of the community and imposed upon no one. There should be none of the ill-feeling that is so apt to be associated with the dealings of the commercial man, following which many times a feeling is engendered never to be forgotten. The work of the physician is always for humanity, and is therefore a noble work.—*Wm. Wilson Pearson, M.D., Des Moines, Iowa, Dean of the College of Medicine, Drake Univertisy.*

THE RIGHTS OF A CHILD.*

The Journal of the Kansas Medical Society.

The State requires of every citizen that he be law-abiding, that he contribute to the general welfare of his community, and that he bear his proportion of the expenses of the government of which he is a part.

In view of these facts every child has, or ought to have, the right to demand of the State the opportunity to grow and develop, both mentally and physically, in a manner that will make it possible to meet the requirements of the State when he shall have arrived at maturity.

The things that determine a child's fitness to fill his niche in the world are largely those forces which surround him after birth. Environment plays so large a part, and hereditary influence during gestation so small a share, in shaping and molding into maturity a human life that it can be left out of consideration.

Certain qualities of mind and heart are the result of inheritance, but they are potential qualities only to be stirred into activity by contact with events and association with other minds.

The physical stature cannot be determined by deliberate intention of the parents, and likewise the mental endowments rests on other than the mental state or activity of the mind of the mother during the period of gestation. The question that concerns us and that particularly concerns the child is what opportunities will be his? Will he be aided to develop normally the highest qualities of body, mind and soul compatible with his natural endowment, or will he be hampered and fenced about with obstacles to such an attainment?

There are nearly 2,000,000 children under 16 years of age who are forced into wage-earning vocations, deprived of their childhood and compelled to labor under conditions that will prevent normal physical growth and that affect the higher functions even more disastrously. No child can stand the nervous strain incident to factory life and come out unharmed. Almost can it be said of children forced to work long hours, particularly in shop and factory, "Who enters here leaves hope behind." A child may be early trained to some useful occupation without injury, but

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*Read before the Kansas Medical Society, May 1, 1912.

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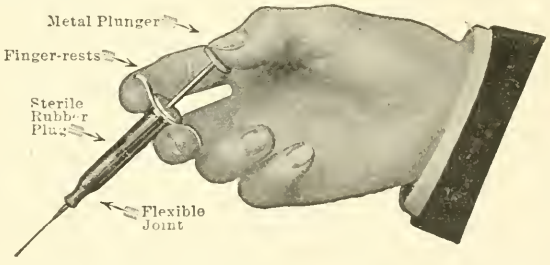

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he needs time for relaxation, his hours must be short and his task suited to his years.

There are the questions of proper food and clothing, conditions necessary to secure for the child normal rest, the necessity of guarding the child from infections—in short, the general conditions that surround the home life of the child that, if taken up at our instance and discussed with the mother, might do much to re-establish the confidential relation that has been passing with the passing years. People are looking less and less to their physician for help in solving these problems, and yet no other source of information ought to be as reliable or more sought for. Perhaps the more commercial aspect we assume toward our patrons has much to do with the passing of the family doctor.

Then there are the special conditions within the child, faults in his physical make-up, and which, if uncorrected, materially interfere with the child's proper development. Eye-strain is not a myth; the symptoms are well defined and its results far-reaching and often very deleterious to the growing child. Excessive contractions of the ciliary muscles requires extra energy, and often children are unable to expend the extra energy, and organs remote from the eyes suffer as well as general nutrition. Myopia is an acquired defect brought about by excessive use of the eyes. The child may become a myope from eye-strain, or if the structures of the ball do not give way to the continual tug of the ciliary muscle the continued extra energy expended exhausts the individual and he breaks in his school years and manifests numerous neurasthenic symptoms which oftentimes follow him through life and decreases his efficiency in the world. Besides, there is a growing belief that cataract of advanced years is the result of eye-strain in early life. Many children have defective eyes, and eye defects are responsible for their share of physical disability and retarded mental action.

The tonsil has of late years been charged with many crimes against sound physical health. Perhaps in some quarters the indictment is too severe, but no one who has carefully observed children before and after tonsillectomies can doubt the fact that in a considerable degree a true bill is found against the tonsil, and that it must be pronounced guilty of impairing the health and endangering normal development.

One would think enough had been said about adenoids, and yet I think more will be necessary before all awake to the fact that adenoids are always deleterious and often a direct menace to life. Aside from the interference with breathing and the consequent stunted physical and mental development, and the facial deformity occasioned by mouth breathing, adenoids, if not the excitant, are the cause of nearly all middle-ear troubles.

All these physical defects, as well as unfavorable surroundings, do much toward producing the incompetent and vicious. The child has a right to demand a favorable environment and relief from physical defects when relief is possible. The parents are the natural guardians of their children, but it is the duty of the State to hold the guardians to a strict accountability, and if they will not provide the necessary environment and care for their wards, then the State ought to insist that it be done, for it is wrong to allow the children to suffer because of the ignorance or neglect of their parents.—*Dr. J. R. Scott, Newton, Kans.*

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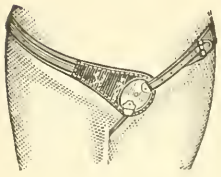

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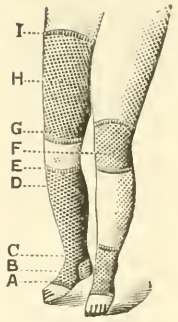

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American Academy of Medicine	Charles McIntire, 52 N. 4th St., Easton, Pa.	
" Acad. of Ophthal. and Oto-Laryngology	Geo. F. Suker, M.D., 103 State St., Chicago, Ill.	
" Anatomists, Association of	G. Carl Huber, Ann Arbor, Mich.	December, 1912
" Assn. of Genit. Urinary Surgeons	E. L. Keyes, Jr., 109 E. 34th St., New York	
" Assn. of Medical Examiners	G. Strohbach, M.D., Miami Bldg. Cincinnati, O.	Minneapolis, June 2-3, '1
" Assn. of Military Surgeons of the U. S.	Charles Lynch, Washington, D. C.	
" Assn. of Path. and Bacteriologists	H. C. Ernst, Harvard Medical School, Boston	
" Assn. of Railway Surgeons	Louis J. Mitchell 132 N. Wabash Ave., Chicago	
" Assn. for the Stu. of the Feeble-Minded	E. C. Rogers, Fairbault, Minn.	
" Assn. of Obstetricians and Gyn.	Wm. W. Potter, 238 Delaware Ave., Buffalo	
" Assn. of Orficial Surgeons	T. E. Costain, M.D., 100 State St., Chicago, Ill.	
" Assn. of American Physicians	G. M. Kober, 1819 Q St. N. W., Washington, D. C.	
" Climatological Society	Guy Hinsdale, Hot Springs, Va.	
" Dermatological Association	James M. F. Winfield, Brooklyn, New York	
" Electro-Therapeutic Association	J. W. Travell, 27 E. 11th St., New York	
" Gastro-Enterological Association	Chas. D. Aaron, 32 W. Adams Ave. Detroit, Mich.	
" Gynecological Society	Le Roy Brown, 70 W. 82d St., New York	
" Laryn., Rhin. and Otol. Society	Thos. J. Harris, 147 E. 40th St., New York	
" Laryngological Association	J. E. Newcomb, 118 N. 69th St., New York	
" Medical Association	G. H. Simmons, 103 Dearborn Ave., Chicago	
" Medical Editors' Association	J. MacDonald, Jr., M.D., New York, N. Y.	
" Medico-Psychological Association	Charles G. Wagner, Binghamton, N. Y.	
" Medical Colleges, Association of	F. C. Zapffe, 1764 Lexington St., Chicago, Ill.	
" Neurological Association	Alfred R. Allen, Philadelphia, Pa.	
" Ophthalmological Association	W. M. Sweet, 1205 Spruce St., Philadelphia	
" Orthonedic Association	Robert B. Osgood, 372 Marlborough St., Boston	
" Otological Society	F. L. Jack, 215 Beacon St., Boston, Mass.	
" Pediatric Society	Samuel S. Adams, 1 Dupont Circle, Wash., D. C.	
" Physio-Therapeutic Association	Otto Juettuer, M.D., 8 W. 9th St., Cincinnati, O.	
" Physicians, Association of	Geo. M. Kober, 1819 Q St., Washington, D. C.	
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" Public Health Association	William C. Woodward, Washington, D. C.	
" Roentgen Ray Society	Percy Brown, 155 Newberry St., Boston, Mass.	
" Surgical Association	Robt. G. Le Conte, 1536 Locust St., Philadelphia	Montreal, 1912
" Therapeutic Society	Noble P. Barnes, Washington, D. C.	
" Urological Association	Hugh Cabot, 1 Marlborough St., Boston	
Assn. Med. Officers A. and N. of Confederacy	A. A. Lyon, M.D., Nashville, Tenn.	
Balto. & Ohio Assn. of Railway Surgeons	T. A. Murphy B. & O. Bldg., Baltimore, Md.	
British Medical Association	Guy Ellison, London, England	
Con. of State and Prov. Bds. of N. A.	H. M. Bracken, St. Paul, Minn.	
International Congress on Tuberculosis	J. S. Fulton, M.D., Colorado Bldg., Wash., D. C.	
Mississippi Valley Medical Association	H. E. Tuley, 111 W. Kentucky, Louisville, Ky.	
Missouri Valley, Medical Society of the	Chas. Wood Fassett, St. Joseph, Mo.	
Nat. Con. State Med. Exam. and Lic. Boards	A. W. Suiter, Herkimer, N. Y.	
Nat. Assn. for Prevention of Tuberculosis	Dr. H. B. Jacobs, 11 W. Mt. Vernon Pl., Balto. Md.	
Pan-American Congress, Fifth	Dr. Ramon Guiteras	
Seaboard Medical Assn. of Va. and N. C.	John R. Bagby, Md., Newport News, Va.	
Southern Medical College Association	L. C. Morris, M.D., Birmingham, Ala.	
Southern Surgical and Gynecological Assn.	W. D. Haggard, Nashville Tenn.	Old Point Comfort, 1912
Southern Medical Association	Oscar Dowling, Shreveport, La.	Jacksonville, Nov. 12-14, '12
Tri-Medical Soc. of Md., W. Va. and W. Pa.	Percival Lantz, Alaska, W. Va.	
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Western Surgical and Gynecological Assn.	A. T. Mann, M.D. Minneapolis Minn.	Cincinnati, 1912

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FEW ailments coming within the daily notice of medical men are more difficult to correct than the constipation that afflicts those of sedimentary or lethargic habits. These patients are usually heavy eaters and engaged in pursuits that too often require excessive mental effort and a minimum of physical exercise. While at first little or no discomfort may be felt, as time goes on the depressing influence on all physiologic processes produces more or less derangement of the metabolism, and faulty elimination dams back into the system poisons that work still greater mischief. Soon these patients become confirmed "toxemics" from the constant autointoxication that results from the retention of perverted and waste products. All manner of symptoms appear, the nervous system particularly showing the greatest variety ranging from simple neurasthenia to the gravest types of melancholia. Indeed, the opinion is growing that defective elimination of bodily wastes is one of the most important factors in the development of many of the mental, as well as nervous disorders, that are apparently on the increase.

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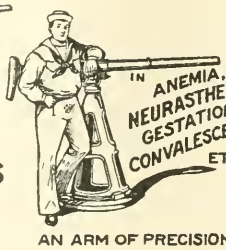

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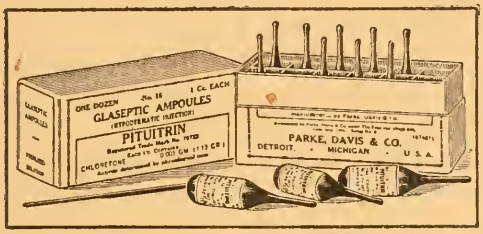

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S SODIUM CACODYLATE $As(CH^3)_2O^3NA \times {}_2H^2O$

Is purer than the commercial cacodylate. The solution for hypodermatic use is neutral. Injections are painless. Each sterilized tube contains 0.05 gram of C. P. Sodium Cacodylate.

'S DROPS OF C. P. SODIUM CACODYLATE

Five drops contain exactly 0.01 gram of Sodium Cacodylate.

'S GLOBULES OF C. P. SODIUM CACODYLATE

Gluten coated, easily taken, each contains exactly 0.01 gram of Sodium Cacodylate.

:rage daily dose 0.10 gram equals 0.06 gram of arsenious acid or 6.15 grams of Fowler's solution.

IN LABORATORIES, COMAR & CIE, 20 Rue des Fossés, Saint Jacques, Paris, France

OUGERA & CO., U. S. Agents, New York — Purveyors to the Paris Hospitals.

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